

<i>SERFF Tracking Number:</i>	<i>ALLD-125992781</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allianz Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>41376</i>
<i>Company Tracking Number:</i>	<i>IMMED-02 ET AL</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Immediate Income App Filing IMMED-02</i>		
<i>Project Name/Number:</i>	<i>Immediate Income App Filing IMMED-02/Immediate Income App Filing IMMED-02</i>		

Filing at a Glance

Company: Allianz Life Insurance Company of North America

Product Name: Immediate Income App Filing SERFF Tr Num: ALLD-125992781 State: ArkansasLH

IMMED-02

TOI: A05I Individual Annuities- Immediate Non- SERFF Status: Closed State Tr Num: 41376

Variable

Sub-TOI: A05I.000 Annuities - Immediate Non- Co Tr Num: IMMED-02 ET AL State Status: Approved-Closed

variable

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Mary Peterson, Patricia

Disposition Date: 01/22/2009

Evans

Date Submitted: 01/16/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Immediate Income App Filing IMMED-02

Status of Filing in Domicile: Pending

Project Number: Immediate Income App Filing IMMED-02

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/22/2009

Deemer Date:

State Status Changed: 01/22/2009

Corresponding Filing Tracking Number:

Filing Description:

Re: Allianz Life Insurance Company of North America/ NAIC # 90611 / FEIN #41-1366075

Individual Immediate Annuity Application Filing – IMMED-02

SERFF Tracking Number: ALLD-125992781 State: Arkansas
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 41376
Company Tracking Number: IMMED-02 ET AL
TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: Immediate Income App Filing IMMED-02
Project Name/Number: Immediate Income App Filing IMMED-02/Immediate Income App Filing IMMED-02

The following form is attached for your review.

IMMED-02 Immediate Annuity Application

The above referenced form is new and may be used with approved and other forms approved in the future. The contract form(s) affiliated with this application will be sold through independently licensed agents and/or brokers in all markets. This form is being filed concurrently in Minnesota, our state of domicile. The effective date will be determined by your approval.

The form is submitted in final printed format except for slight font and formatting variations that may occur due to Allianz Life product printer configurations. Allianz Life takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved form.

The purpose of this filing is to allow more flexibility, regarding products and optional benefits, than the previously submitted and approved application. We certify that the only difference between this application and the application previously approved on 4/30/08, is added variability. A revised Statement of Variability is included in this submission. Initially we intend to introduce the Income Provider immediate annuity and Liquidity Rider, optional benefit.

Application IMMED-02 is an application used for immediate annuities.

Thank you for your consideration of this filing. If you have any questions, or if you need additional information to complete your review, please call me at 800.328.5601, extension 47135, send a fax to me at 763.765.6306, or send a note electronically to me at patricia.evans@Allianzlife.com.

Company and Contact

Filing Contact Information

Patricia Evans, Compliance Analyst
5701 Golden Hills Drive
Minneapolis, MN 55416

Patricia.Evans@Allianzlife.com
(763) 765-7135 [Phone]
(763) 765-6306[FAX]

Created by SERFF on 01/22/2009 11:05 AM

SERFF Tracking Number: ALLD-125992781 State: Arkansas
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TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: Immediate Income App Filing IMMED-02
Project Name/Number: Immediate Income App Filing IMMED-02/Immediate Income App Filing IMMED-02

Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: Retaliatory fee is greater than state fee of \$20.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	\$75.00	01/16/2009	25080137

SERFF Tracking Number:	ALLD-125992781	State:	Arkansas
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TOI:	A05I Individual Annuities- Immediate Non-Variable	Sub-TOI:	A05I.000 Annuities - Immediate Non-variable
Product Name:	Immediate Income App Filing IMMED-02		
Project Name/Number:	Immediate Income App Filing IMMED-02/Immediate Income App Filing IMMED-02		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/22/2009	01/22/2009

<i>SERFF Tracking Number:</i>	<i>ALLD-125992781</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Immediate Income App Filing IMMED-02</i>		
<i>Project Name/Number:</i>	<i>Immediate Income App Filing IMMED-02/Immediate Income App Filing IMMED-02</i>		

Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Completed	Yes
Supporting Document	Application	Pending	No
Supporting Document	Life & Annuity - Acturial Memo	Completed	No
Form	Immediate Income Application	Completed	Yes

SERFF Tracking Number: ALLD-125992781 State: Arkansas

Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 41376

Company Tracking Number: IMMED-02 ET AL

TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: Immediate Income App Filing IMMED-02

Project Name/Number: Immediate Income App Filing IMMED-02/Immediate Income App Filing IMMED-02

Form Schedule

Lead Form Number: IMMED-02

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IMMED-02	Application/ Immediate Income Enrollment Application Form	Initial		50	IMMED-02.pdf

[Single premium immediate annuity series – or – marketing name of immediate annuity(ies)]

1. Contract owner information

Select one ☐ Individual ☐ Joint ☐ Trust

Social Security number or Tax ID

Name (first, middle, last or trust name)

Suffix

Date of birth (mm/dd/yyyy)

☐ Male
☐ Female

Are you a U.S. Citizen?
☐ Yes ☐ No (If no, need W8-BEN)

Street address (required)

City

State

ZIP code

Mailing address, if different than street address

City

State

ZIP code

Telephone number – primary

Telephone number - secondary

If a trust is named, provide trustee's first/last or full legal name (*If trust is owner, please complete the Trustee Representation Form*)

Date of trust

Joint owner information, if selected above (must be an individual)

Social Security number or Tax ID

Name (first, middle, last)

Suffix

Date of birth (mm/dd/yyyy)

☐ Male
☐ Female

Are you a U.S. Citizen?
☐ Yes ☐ No (If no, need W8-BEN)

Street address (required)

City

State

ZIP code

Mailing address, if different than street address

City

State

ZIP code

Relationship to owner

Annuitant information, if other than owner or if owner is not individual

Social Security number or Tax ID

Name (first, middle, last)

Suffix

Date of birth (mm/dd/yyyy)

☐ Male
☐ Female

Are you a U.S. Citizen?
☐ Yes ☐ No (If no, need W8-BEN)

Mailing address

City

State

ZIP code

Relationship to owner

[Arizona: You may return your contract within 20 days **or within 30 days if you are age 65 or older on the date of the application**, if you are dissatisfied for any reason. You may return your contract to your agent or our home office. We will void this contract and mail a refund of any premium you paid within 10 days of receipt of your returned contract. On written request, we are required to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of this annuity contract.]

2. Beneficiary designation (Owner/joint owner cannot be a beneficiary)

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security number or Tax/Employer ID
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If the primary beneficiary is a trust or corporation, please check the appropriate box

☐ Individual ☐ Trust ☐ Corporation

If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Date of trust (required)
---	--------------------------

Name (first, middle, last or trust/corporate/custodian name)	Suffix
--	--------

Relationship to owner

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security number or Tax/Employer ID
--	------------	---

If the primary beneficiary is a trust or corporation, please check the appropriate box

☐ Individual ☐ Trust ☐ Corporation

If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Date of trust (required)
---	--------------------------

Name (first, middle, last or trust/corporate/custodian name)	Suffix
--	--------

Relationship to owner

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security number or Tax/Employer ID
--	------------	---

If the primary beneficiary is a trust or corporation, please check the appropriate box

☐ Individual ☐ Trust ☐ Corporation

If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Date of trust (required)
---	--------------------------

Name (first, middle, last)	Suffix
----------------------------	--------

Relationship to owner

(If more than three beneficiaries, attach a list signed by owner(s) containing all of the above information for each additional beneficiary.)

3. Plan specifics (This section must be completed to indicate how this contract should be issued.)

[Available for the [Allianz Income Provider, Allianz Income Builder, and Allianz Income Legacy] contracts]

☐ Nonqualified☐ 1035 exchange☐ Other _____

[Available for the [Allianz Income Provider[, [and] Allianz Income Builder[, and Allianz Income Legacy]] contracts [only]]

☐ QualifiedIRAs: [☐ Transfer ☐ Rollover (within 60 days):☐ IRA ☐ Roth IRA ☐ SEP IRA ☐ Simple IRA☐ Other _____]

[If 1035 exchange or tax-qualified transfer, include the Authorization to Transfer Funds Form (S2056).]

4. Purchase payment (This section must be completed; please make check payable to Allianz.)

Cash submitted with application \$	Estimated transfer/rollover/1035 amount \$	Agent-ordered funds (estimated funds) \$
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5. Annuity Product[s] (Please choose one; check optional riders desired) (Products may not be available in all states)]

- [
- ☐ **[Allianz Income Provider] Annuity** (complete Sections 6 & 10)
- ☐ Liquidity Rider [may not be purchased with funds from a qualified plan]
- ☐ **[Allianz Income Builder] Annuity** (complete Sections 6, 9 & 10)
- ☐ Liquidity Rider [may not be purchased with funds from a qualified plan]
- ☐ **[Allianz Income Legacy] Annuity** (complete Sections 7 & 10)
- ☐ Liquidity Rider [may not be purchased with funds from a qualified plan]
- ☐ Index Allocation Rider (complete Section 9)]

6. [Allianz Income Provider and Allianz Income Builder] Annuity Option selection
(Products may not be available in all states)

Proof of age is required for all Options except Option A.

For proof of age, attach a copy of birth certificate, passport or driver's license for the annuitant(s).

[If the Liquidity Rider <u>is not</u> selected (select one)	If the Liquidity Rider <u>is</u> selected (select one)]
<input type="checkbox"/> Option A Installments for a Guaranteed Period Select a Guaranteed Period from 5 to 30 years ____	<input type="checkbox"/> Option C Installments for Life with a Guaranteed Period Select a Guaranteed Period from 10 to 30 years ____
<input type="checkbox"/> Option B Installments for Life	<input type="checkbox"/> Option D Joint and Survivor with a Guaranteed Period Select a Guaranteed Period from 10 to 30 years ____
<input type="checkbox"/> Option C Installments for Life with a Guaranteed Period Select a Guaranteed Period from 5 to 30 years ____	<input type="checkbox"/> Option L Installments for Life with Return of Premium as Annuity Payments
<input type="checkbox"/> Option D Joint and Survivor with a Guaranteed Period Select a Guaranteed Period from 5 to 30 years ____	<input type="checkbox"/> Option M Joint and Survivor with Return of Premium as Annuity Payments
<input type="checkbox"/> Option E Joint and Survivor Annuity	<input type="checkbox"/> Option N Installments for Life with Return of Premium as a Single Payment
<input type="checkbox"/> Option F Joint and 2/3 Survivor Annuity	<input type="checkbox"/> Option O Joint and Survivor with Return of Premium as a Single Payment]
<input type="checkbox"/> Option G Joint and 50% Survivor Annuity	
<input type="checkbox"/> Option L Installments for Life with Return of Premium as Annuity Payments	
<input type="checkbox"/> Option M Joint and Survivor with Return of Premium as Annuity Payments	
<input type="checkbox"/> Option N Installments for Life with Return of Premium as a Single Payment	
<input type="checkbox"/> Option O Joint and Survivor with Return of Premium as a Single Payment	

[7. [Allianz Income Legacy] Annuity Option selection (Products may not be available in all states)

Proof of age is required for all Options.

For proof of age, attach a copy of birth certificate, passport or driver's license for the annuitant(s).

[The [Allianz Income Legacy] Annuity may not be purchased with funds from a qualified plan.]

- | | |
|---|--|
| <input type="checkbox"/> Option P Installments for Life with Guaranteed Return of Premium as a Single Payment | <input type="checkbox"/> Option Q Joint and Survivor with Guaranteed Return of Premium as a Single Payment |
| <input type="checkbox"/> [50% Return of Premium] | <input type="checkbox"/> [50% Return of Premium] |
| <input type="checkbox"/> [25% Return of Premium] | <input type="checkbox"/> [25% Return of Premium] |
| <input type="checkbox"/> [10% Return of Premium] | <input type="checkbox"/> [10% Return of Premium]] |

[8]. Joint annuitant information

(Complete for Joint and Survivor annuity options D,E,F,G,M,[O,& Q])

For proof of age, attach a copy of the joint annuitant's birth certificate, passport, or driver's license.

Tax ID or Social Security number

Name (first, middle, last)			Suffix	
Mailing address				
City			State	ZIP code
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Relationship to owner		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, need W8-BEN)

[9]. Index Allocation Rider (Option may not be available in all states)

Select up to a maximum of [10] allocations and associated crediting methods from the index choices below. Indicate the index crediting method where applicable and the Allocation Percentage for each allocation. The Allocation Percentages must be in whole numbers only and must total 100%. If [any one of the options that include the CPI-U Rate or] the Fixed Interest option is selected, 100% allocation is required.

☐ **Nasdaq-100®**

[_____] % Annual Point to Point w/cap]

[_____] % Annual Point to Point]

[_____] % Monthly Sum]

[_____] % Monthly Average]

☐ **Nasdaq-100® (100% allocation is required)**

[_____] % Annual Point-to-Point w/cap or CPI-U Rate Guarantee]

[_____] % Annual Point-to-Point or CPI-U Rate Guarantee]

[_____] % Monthly Sum or CPI-U Rate Guarantee]

[_____] % Monthly Average or CPI-U Rate Guarantee]

☐ **Blended**

[_____] % Annual Point to Point w/cap]

[_____] % Annual Point to Point]

☐ **Blended (100% allocation is required)**

[_____] % Annual Point-to-Point w/cap or CPI-U Rate Guarantee]

[_____] % Annual Point-to-Point or CPI-U Rate Guarantee]

☐ **S&P 500®**

[_____] % Annual Point to Point w/cap]

[_____] % Annual Point to Point]

[_____] % Monthly Sum]

[_____] % Monthly Average]

☐ **S&P 500® (100% allocation is required)**

[_____] % Annual Point-to-Point w/cap or CPI-U Rate Guarantee]

[_____] % Annual Point-to-Point or CPI-U Rate Guarantee]

[_____] % Monthly Sum or CPI-U Rate Guarantee]

[_____] % Monthly Average or CPI-U Rate Guarantee]

☐ **CPI-U Rate (100% allocation is required)**☐ **Fixed Interest (100% allocation is required)**[☐2% ☐3% ☐4% ☐5%☐6%]**[10]. Payment mode (choose only one)**☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

The first Annuity Payment must begin within 12 months of the Annuity Date.

[11]. Payment method (choose only one)☐ Send payment to bank account via Electronic Funds Transfer

Name of bank _____

Bank account type ☐ Checking ☐ Savings

Bank routing number _____

Bank account number _____

Bank phone number _____

Name on bank account _____

☐ Send payments to owner at address on record☐ Send payments to an address other than the owner's

Name (first, middle, last or trust/company name)	Suffix
--	--------

Mailing address

City	State	ZIP code
------	-------	----------

☐ Payee, if other than owner _____

[12]. Withholding notice and election (check the appropriate box)

All, or part, of the payment you receive in connection with a distribution from the annuity contract, including the values used to cancel any outstanding loan indebtedness at the time of distribution, may be includable in your gross income for tax purposes.

The taxable portion of the distribution is subject to federal (and potentially state) withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution by marking the appropriate box below. If an election is not made, federal income tax will be withheld from the taxable portion of your distribution at the rate of 10%.

If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

- ☐ **Yes, I do** want to have federal income tax withheld from the taxable amount of my disbursement at a rate of ____%
(10% is the minimum allowed).
- ☐ **No, I do not** want to have federal income tax withheld from the taxable amount of my disbursement.

[13]. Replacement (This section must be completed)

Do you have existing life insurance or annuity contracts?

☐ Yes¹ ☐ No

Will the annuity contract applied for replace or change existing contract or policies?

☐ Yes¹ ☐ No

Amount of coverage inforce \$ _____

¹Complete the replacement section that follows and include the appropriate replacement forms for the state of sale (available at www.allianzlife.com).

[14]. Primary agent information

Name (first, middle, last)		Suffix
Telephone number	% split	Agent number
Florida license ID number		
Name (first, middle, last)		Suffix
Telephone number	% split	Agent number
Florida license ID number		

[15]. Agreements and signatures

The following states require applicants to read and acknowledge the statement for your state below.

[Arkansas, Colorado, Louisiana, Maine, Ohio, Oklahoma, Tennessee, Virginia, and West Virginia: Any person who knowingly intends to defraud an insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits the crime of fraud, and may be subject to criminal prosecution and civil penalties. In ME, CO, and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits. In CO, an insurer or insurance agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant to defraud or attempt to defraud the contract holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Connecticut: I have received a copy of the disclosure material and understand that the results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties.

District of Columbia, Kentucky, New Mexico, and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

In DC, penalties may include imprisonment and/or fines, or denial of insurance benefits. In PA and NM, this activity subjects such a person to criminal and civil penalties.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance contract is subject to criminal and civil penalties.]

By signing below, the contract owner acknowledges the statements mentioned above and understands that or agrees to the following:

- All statements and answers given above are true and complete to the best of my knowledge;
- If proof of the annuitant's age is not given at the time of application, the annuitant will furnish the Company such proof before annuity payments begin;
- I understand that I may return my contract within the free look period (shown on the first page of my contract) if I am dissatisfied for any reason;
- I believe this annuity is suitable for my financial goals.

If the contract applied for is a fixed index product, I understand that while the values of this contract may be affected by an external index, the contract does not participate in any stock, bond, or equity investments. I also understand that I am not buying any bonds, shares of stock or shares of an index. Values shown, other than guaranteed minimum values, are not guaranteed promises or warranties.

☐ **Telephone authorization** - By checking "yes," I authorize and direct Allianz to act on telephone or electronic instructions from the agent and/or anyone authorized by him/her. If the box is not checked, this authorization will be permitted for the contract owner only. Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of Allianz.

Make all checks payable to Allianz. Do not make checks payable to an agency, broker, agent, or leave blank.

Contract owner's signature _____
(or trustee¹ or power of attorney², if applicable)

Joint owner's signature _____
(or trustee¹ or power of attorney², if applicable)

Proposed annuitant's signature (if other than owner) _____

Signed at (city and state) _____ Date signed _____

¹If trust owned, submit Trustee Representation form (available at [www.allianzlife.com])

²If owner has granted a power of attorney, submit a copy of power of attorney paperwork. The Attorney-in-Fact must sign as follows:
*Principal's name (usually the owner) by Attorney-in-Fact's name, **Attorney in Fact**.*

To be answered by licensed resident agent: I certify that the statements of the applicant have been correctly recorded. To the best of my knowledge, the applicant: ☐ DOES ☐ DOES NOT have existing life insurance or annuity contracts; and the insurance applied for ☐ will not or ☐ will replace existing insurance.

Connecticut: I certify that the disclosure material has been presented to the applicant and a copy was provided to the applicant. I have not made statements which differ from this material nor have I made any promises about the future equity values of this contract.

Agent's signature _____

<i>SERFF Tracking Number:</i>	<i>ALLD-125992781</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:	
Satisfied -Name: Flesch Certification	01/16/2009
Comments:	
Attachments:	
Certificate of Readability.pdf	
Certificate of Compliance Reg 19 and 11-83 cert.pdf	

CERTIFICATE OF READABILITY

Contract Form	Flesch Score
IMMED-02	50

It is hereby certified that each policy form listed above meets the minimum reading ease score required in your state.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.



Date: January 16, 2009

Martin G. Kline, AVP Product Development

CERTIFICATE OF COMPLIANCE

Allianz Life Insurance Company of North America hereby certifies that the policy forms listed below are in compliance with all of the requirements of Arkansas Rule and Regulation 19§10B as well as all applicable requirements of the Arkansas Insurance Department.

Allianz Life Insurance Company of North America also certifies that the guidelines of Arkansas Bulletin 11-83 have been reviewed relative to the forms listed below. The forms comply with all provisions of the Bulletin.

Allianz Life Insurance Company of North America

A handwritten signature in black ink, appearing to read "Martin G. Kline", is positioned above a horizontal line.

Martin G. Kline
AVP – Director of Product Filing

January 16, 2009

Contract Form Numbers:
IMMED-02